Volume 2 Issue 4 April 2008

The CHESS Club for Providers

A Monthly Update for Users of Carolina's Health Electronic Surveillance System



In The Spotlight "Legionellosis"

CHESS Condition: Legionellosis

Clinical Description: Lellgionellosis is assoicated with two clinically and epiemiologically distinct illenesses: Legionnaries' disease, which is characterized by fever, myalgia, cough, and clinical or radiographic pneumonia; and Pontiac Fever, a milder illness without pneumonia.

Laboratory criteria for confirmed diagnosis:

- By culture: isolation of any Legionella organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid.
- By detection of Legionella pneumophila serogroup 1 antigen in urine using validated reagents.

By seroconversion: fourfold or greater rise in specific serum antibody titer to

Legionella pneumophila serogroup 1 using validated reagents.

INSIDE THIS ISSUE

ELR Reporting for Hospitals	2 & 3
Affiliate Hospitals Using ELRs	3
SC County Word Search	4
CHESS Live	5
FAQs	6
By the Numbers	7
Bulletin Board	8
Keep In Touch ~From The Help Desk	8

REPORTING Legionellosis is reportable within 7 days in South Carolina. Please see the 2008 List of Reportable Conditions for more information: http://www.scdhec.gov/health/disease/docs/

reportable_conditions.pdf



Electronic Laboratory Reporting (ELR) for Hospitals

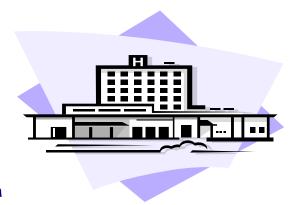
My lab is reporting lab results electronically to DHEC; why do I have to continue sending paper reports?

A few hospital labs in the state are set up to report their lab results to DHEC via electronic lab reporting (ELR). It's an automatic download of information that was designed to put an end to mailing or faxing paper reports to DHEC. The ELRs seem to be working well and we are grateful to all the users for your patience and foresight.

Up until now, we've asked the hospital labs using ELR to continue to mail in paper copies of lab reports to us so we could be certain that all reports are received. We are pleased to inform you that if you are submitting via ELR, you will soon be able to stop sending duplicate paper reports for conditions reported to Acute Disease Epidemiology.

This will apply to all the conditions on the 2008 List of Reportable Conditions except the STDs and HIV. STDs/HIV reports should still be mailed in to DHEC as in the past.

If you are an ELR facility, you will be contacted by your regional Disease Surveillance & Response Coordinator (DSRC, a.k.a. Epi Nurse) to arrange a meeting to discuss this new variation in the reporting method. The hospitals that are currently reporting via ELR are Allen Bennett Memorial Hospital, Greenville Memorial Hospital, Hillcrest Hospital, Lexington Medical Center, North Greenville LTAC, Palmetto Richland Memorial, Palmetto Baptist



Columbia, Palmetto Baptist Easley, and Regional Medical Center of Orangeburg and Calhoun Counties.

As a follow up to the end of reporting, however, facilities with ELR will be asked to participate in a monthly quality assurance test. This test will take place on the first Monday of every month. Facilities using ELR should mail in that day's worth of reports on paper to DADE so we can ensure the ELR feed is working properly. A reminder email will be sent to the participating facilities. Thanks for all the time and attention you give to reporting!

Electronic Laboratory Reporting (ELR) for Hospitals

If your facility uses ELR:

Arrange a meeting with your regional DSRC to discuss the ELR feed. Once this is accomplished, you will:

- 1. Continue sending STD/HIV reports by mail to DHEC's STD/HIV Surveillance Division,
- 2. Stop sending paper reports to Division of Acute Disease Epidemiology, and
- 3. Conduct quality assurance checks on the first Monday of each month.



If your facility uses CHESS to enter reports:

Continue entering reports as you have been; no change.

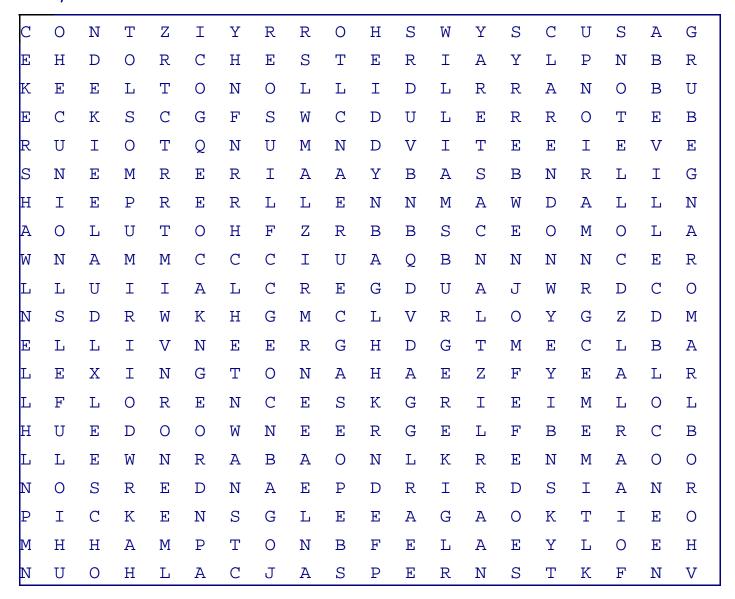
Affiliate Hospitals Using Electronic Laboratory Reporting (ELR)

- Bon Secours St. Francis Health System
- Chesterfield General Hospital
- Georgetown Hospital System
- Greenville Hospital Systems
- Kershaw County Medical Center
- Lexington Medical Center
- Loris Healthcare System
- Marion County Medical Center
- Mary Black Health Systems LLC
- Medical University of South Carolina

- Palmetto Health
- Self Regional Healthcare
- The Regional Medical Center
- Tuomey Healthcare System

WORD SEARCH... "South Carolina's 46 Counties"

All of the 46 counties in South Carolina are hidden somewhere in the puzzle below. See how fast you can find them!



AIKEN ALLENDALE ANDERSON BAMBERG BARNWELL BEAUFORT ABBEVILLE CALHOUN CHARLESTON CHEROKEE CHESTER CHESTERFIELD BERKLEY DILLON DORCHESTER EDGEFIELD CLARENDON COLLETON DARLINGTON FAIRFIELD FLORENCE GEORGETOWN GREENVILLE GREENWOOD HAMPTON JASPER KERSHAW LANCASTER LAURENS LEE LEXINGTON MARION HORRY MCCORMICK NEWBERRY OCONEE ORANGEBURG PICKENS MARLBORO SALUDA SPARTANBURG SUMTER UNION WILLIAMSBURG RICHLAND

CHESS LIVE—Complete Listing of Providers

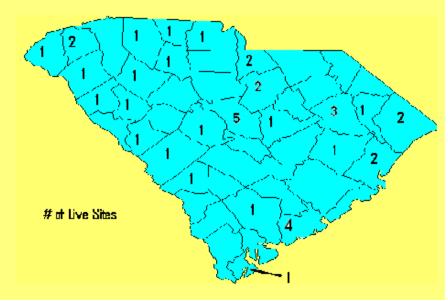
- Aiken Regional Medical Ctr.
- AnMed Health
- Abbeville Count Hospital
- Barnwell County Hospital
- Benedict College Student Health Center
- Cannon Memorial Hospital
- Carolina Hospital System
- Carolina Infectious Disease and Critical Care
 Associates
- Charleston Air Force Base
- Colleton Hospital
- Columbia College Gray Health Center
- + Conway Hospital
- East Cooper Regional Medical Center
- Eau Claire Cooperative Health Centers
- Edgefield County Hospital
- Georgetown Memorial Hospital
- Kershaw County Medical Ctr.
- Lake City Memorial Hospital
- Laurens County Hospital
- Lifepoint, Inc.

- Loris Community Hospital
- Marion County Medical Center
- * MUSC Family Medicine
- New Day Family Practice
- Oconee Memorial Hospital
- Palmetto Baptist Easley
- + Parris Island Preventive Medicine
- Providence Hospital
- Spartanburg Regional Medical Ctr.
- + Shaw Airforce Base
- + Three Rivers Behavioral Health
- + Pee Dee Family Practice
- Self Memorial Hospital
- Sentinal Health Partners (Elgin)
- + Upstate Carolina Medical Ctr.
- Wallace Thompson Hospital
- Williamsburg Regional Hospital
- * Winthrop University Health Ctr.
- Waccamaw Community Hospital

CHESS Live Around the State...

Currently 39 healthcare facilities are using CHESS!





HAVE QUESTIONS ... WE'VE GOT ANSWERS



Are there any CHESS questions you would like answered? If so, please email your questions to: CHESSCARESIR@dhec.sc.gov We will feature your questions in the next issue of CHESS Club for Providers newsletter.

Frequently Asked Questions

Question: We're a provider who just started using the CHESS system. Should we continue to mail the disease reporting cards to the health department or should we just submit all disease reports in CHESS?

Answer: If you are a provider who has recently agreed to use the CHESS system for disease reporting, then welcome to the CHESS Club! We would like for you to begin submitting disease reports through CHESS. You no longer have to complete the disease report cards, unless a trial period for duplicate reporting has been agreed upon between you and your DHEC assigned regional epidemiologist. Check the 2008 List of Reportable Conditions to locate the epidemiologist for your county.

Question: HIDA (Hospital Infections Disclosure Act) will require hospitals to report certain diseases through a CDC web site. What relationship, if any will this have to CHESS?

Answer: The short answer is "none". Hospitals will be reporting certain diseases through the CDC's web site, but this is not a replacement for CHESS. Hospitals must continue to submit all reportable diseases through CHESS or through electronic lab reports.

Hospitals with questions about HIDA should contact:

Dixie Roberts (803) 898-0364 Amber Taylor (803) 898-0817

By The Numbers — South Carolina 2008 So Far

Condition	Confirmed	Probable	Total
Animal Bite—PEP Recommended	56	110000	56
Aseptic meningitis	20		20
Botulism, Infant	1		1
Brucellosis			
Campylobacteriosis	45		45
Ciguatera fish poisoning	40		40
Cryptosporidiosis	8		8
Cyclosporiasis	0		0
Dengue Fever			
Ehrlichiosis- human granulocytic			
Ehrlichiosis- human monocytic			
Ehrlichiosis- human- other&unspec			
Encephalitis- West Nile	4		
Enterohem. E.coli O157:H7	1		1
Enterohem.E.coli shigatox+- ?serogrp	1		1
Giardiasis	31		31
Group A Streptococcus- invasive	19		19
Group B Streptococcus- invasive	9		9
Haemophilus influenzae- invasive	13	1	14
Hemolytic uremic synd- postdiarrheal			
Hepatitis A- acute	2		2
Hepatitis B- acute	21		21
Hepatitis B virus infection—Chronic	27	115	142
Hepatitis B virus infection—Perinatal			
Hepatitis C- acute			
Hepatitis C Virus Infection- past or present	1046	82	1128
Hepatitis Delta co- or super-infection- acute			
Hepatitis E- acute			
Influenza- human isolates	229		229
Legionellosis	2		2
Listeriosis	1		1
Lyme disease	2	2	4
Malaria			
Mumps			
Neisseria meningitidis- invasive (Mening. disease)	7	1	8
Pertussis	14	6	20
Rocky Mountain spotted fever			
S. aureus, vancomycin intermediate susc (VISA)			
Salmonellosis	117		117
Shiga toxin-producing Escherichia coli (STEC)	4	4	8
Shigellosis	146	6	152
Strep pneumoniae- invasive	226	-	226
Streptococcal disease- invasive- other	1		
Tetanus			
Toxic-shock syndrome- staphylococcal			
Typhoid Fever (Salmonella typhi)	2		2
Varicella (Chickenpox)	117	127	244
Vibrio parahaemolyticus	117	121	277
Vibrio spp non-toxigenic- other or unspecified	1		1
Vibrio vulnificus infection	1		1
West Nile Fever			
	2		2
Yersiniosis	2		2

The Bulletin Board

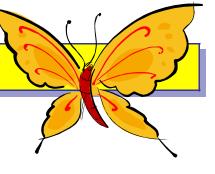
Save the Date



Are you hosting an event? Are there any events you would like to see posted? Is there an event you would like the CARES IR/CHESS training team to attend? If so, please send event information to Lisa

CHESSCARESIR@dhec.sc.gov
Or call the CHESS/CARES IR Help Desk at
1-800-917-2093

Keep In Touch



~The Help Desk ~

Your input is important to us! So please call us with your comments and suggestions. If you need to add new users we are here to support your CHESS use. If you have a questions, your CHESS training team is only a phone call away!

Ring the Help Desk Line @ 1-800-917-2093

CHESSCARESIR@dhec.sc.gov

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